Requestor's Name Address

City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Photocopy ☐ Will wait Certificate of Status Mail out AMENDMENTS NEW FILINGS Amendment Profit Officer/Director Resignation of R.A NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other

OTHER FILINGS
 Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
,	Trademark
	Other

Examiner's Initials





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	Sandra Mortham Florida Department of State, Jim-Smith, Secretary of State					
	AFFIDAVIT OF RESIGNA	ATION OF OFFICEF	A AND/OR DIRECTOR	90 My 20 CM		
STATE OF	FLORIDA	-	7/	438 x 44 8.		
COUNTY OF.	BROWARD	<u>.</u>	-	TOPIC VE		
I, ANTE knowledge, ir correct:	IONY SINISIaformation and belief, and	ter being duly sworr under the penalties	n, state that to the best of perjury, the following	of my g is true and		
ANTHON	NY SINISI	<u>, h</u> ereby resign as	DIRECTOR & PRESI (Title)	DENT of		
SINISI AND	CONNARD INC.		, a Florida	corporation;		
	(Name of Corporation	on)				
That the corp	ooration has been notified	in writing of the res	ignation.			
	_	anth	any Simin	ン		
		Signature of re	signing officer/director			
Sworn to and	d subscribed before me th	nis <u> </u>	of Marg, 199	8		
		-al	chamming the			
			NOT ANY (1856) PER CONTROL OF THE STATE OF T	· -		
My Commiss	sion Expires:	· ·	Fain-insurance of Children Control of Children Children Control of Children Control of Children Children Control of Children	·-		

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E044 (7-90)

FILING FEE IS \$35.00